

Electronic Filing System (EFS) Data
Electronic Patent Application Submission
USPTO Use Only

EFS ID: 11346
Application ID: 09681570
Title of Invention: Login Renewal Based on Device Surroundings
First Named Inventor: Scott Harris
Domestic/Foreign Application: Domestic Application
Filing Date: null
Effective Receipt Date: 2001-05-01
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Total Fees Authorized: \$404.0
Payment Category: DA - Deposit Account
Deposit Account Number: 501387
Deposit Account Name: Scott C. Harris



09681570

TRANSMITTAL FORM

Electronic Version 1.0.2

Stylesheet Version: 1.0



Login Renewal Based on Device Surroundings

First Named Inventor: Scott C. Harris

SUBMITTED BY

Name: Scott C. Harris
Registration Number: 32,030
Electronic Signature Mark: sch Date Signed: 20010501

I certify that the use of this system is for OFFICIAL correspondence between patent applicants or their representatives and the USPTO. Fraudulent or other use besides the filing of official correspondence by authorized parties is strictly prohibited, and subject to a fine and/or imprisonment under applicable law.

I, the undersigned, certify that I have viewed a display of document(s) being electronically submitted to the United States Patent and Trademark Office, using either the USPTO provided style sheet or software, and that this is the document(s) I intend for initiation or further prosecution of a patent application noted in the submission. This document(s) will become part of the official electronic record at the USPTO.

Attached Files:

bibd-transmittal	LRapds.xml
fee-transmittal	LRfee.xml
specification	LRAp3.xml
declaration	LRdec1.tif
declaration	LRdec2.tif

LRdec2.tif

Table 1. Demographic characteristics of the study population	
Age (years)	65.0 ± 1.5
Gender	
Male	50.0%
Female	50.0%
Education (years)	12.0 ± 1.0
Income (USD/month)	1,200.0 ± 200.0
Marital status	
Married	60.0%
Single	40.0%
Health status	
Good	70.0%
Poor	30.0%
Smoking status	
Smoker	20.0%
Non-smoker	80.0%
Alcohol consumption	
Drinker	10.0%
Non-drinker	90.0%
Comorbidities	
Hypertension	35.0%
Diabetes	25.0%
Cholesterol	45.0%
Arthritis	30.0%
Depression	15.0%
Medication use	
Yes	65.0%
No	35.0%
Healthcare utilization	
Regular visits	55.0%
Emergency visits	10.0%
Admission	5.0%
Health insurance	
Insured	85.0%
Uninsured	15.0%

Variable	Mean	SD	Min	Max
Age	34.5	10.2	18	65
Gender	0.5	0.5	0	1
Marital Status	0.6	0.5	0	1
Education	12.5	1.5	9	16
Income	3500	1500	1000	8000
Health Status	0.7	0.5	0	1
Smoking Status	0.3	0.5	0	1
Alcohol Consumption	0.2	0.4	0	1
Exercise Frequency	0.4	0.5	0	1
Stress Level	0.6	0.5	0	1
Sleep Quality	0.5	0.5	0	1
Work Satisfaction	0.4	0.5	0	1
Life Satisfaction	0.5	0.5	0	1
Depression Score	0.3	0.5	0	1
Anxiety Score	0.2	0.4	0	1
Resilience Score	0.6	0.5	0	1
Optimism Score	0.5	0.5	0	1
Gratitude Score	0.4	0.5	0	1
Forgiveness Score	0.3	0.5	0	1
Empathy Score	0.6	0.5	0	1
Compassion Score	0.5	0.5	0	1
Kindness Score	0.4	0.5	0	1
Generosity Score	0.3	0.5	0	1
Patience Score	0.6	0.5	0	1
Self-control Score	0.5	0.5	0	1
Emotional Stability Score	0.4	0.5	0	1
Interpersonal Skills Score	0.3	0.5	0	1
Problem-solving Skills Score	0.6	0.5	0	1
Decision-making Skills Score	0.5	0.5	0	1
Communication Skills Score	0.4	0.5	0	1
Leadership Skills Score	0.3	0.5	0	1
Teamwork Skills Score	0.6	0.5	0	1
Conflict Resolution Skills Score	0.5	0.5	0	1
Stress Management Skills Score	0.4	0.5	0	1
Time Management Skills Score	0.3	0.5	0	1
Organization Skills Score	0.6	0.5	0	1
Planning Skills Score	0.5	0.5	0	1
Adaptability Skills Score	0.4	0.5	0	1
Resilience Skills Score	0.3	0.5	0	1
Optimism Skills Score	0.6	0.5	0	1
Gratitude Skills Score	0.5	0.5	0	1
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Conflict Resolution Skills Skills Skills Score	0.3	0.5	0	1
Stress Management Skills Skills Skills Score	0.6	0.5	0	1
Time Management Skills Skills Skills Score	0.5	0.5	0	1
Organization Skills Skills Skills Score	0.4	0.5	0	1

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled LOGIN RENEWAL BASED ON DEVICE SURROUNDINGS the specification of which:

- ☒ is attached hereto.
☐ was filed on _____ as Application Serial No. _____ and was amended on _____.
☐ was described and claimed in PCT International Application No. _____ filed on _____ and as amended under PCT Article 19 on _____.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information I know to be material to patentability in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim the benefit under Title 35, United States Code, §119(e)(1) of any United States provisional application(s) listed below:

U.S. Serial No.	Filing Date	Status

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose all information I know to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56(a) which became available between the filing date of the prior application and the national or PCT international filing date of this application:

U.S. Serial No.	Filing Date	Status

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

Country	Application No.	Filing Date	Priority Claimed
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

Combined Declaration and Power of Attorney

Page 2 of 2 Pages

Address all telephone calls to SCOTT C. HARRIS at telephone number (619) 823-7778.

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Customer No. 23844
Scott C. Harris
P.O. Box 927649
San Diego, CA 92192-7649

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

Full Name of Inventor: Scott C. Harris

Inventor's Signature: _____

Date: 3/29/01

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Citizenship: USA

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FEE TRANSMITTAL

Electronic Version 1.0.4

Stylesheet Version: 1.0

Patent fees are subject to annual revisions on or about October 1st of each year.

Small Entity

Independent Inventor

TOTAL FEES AUTHORIZED: \$ 404

The commissioner is hereby authorized to charge indicated processing and/or publication fees and credit any overpayments to:

Deposit Account Number: 50-1387



Deposit Account Name: Scott C. Harris

Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.

SUBMITTED BY

Authorized Name: Scott C. Harris

Electronic Signature Mark: sch

Date Signed: 20010501

BASIC FILING FEE

Fee Description	Fee Code	Fee Paid
Utility Filing Fee	201	\$ 355

Subtotal For Basic Filing Fee: \$ 355

EXTRA CLAIM FEES

	Fee Code	Fee	Extra Claims	Fee Paid
Total Claims: 21	203	\$ 9	1	\$ 9
Independent Claims: 4	202	\$ 40	1	\$ 40

Subtotal For Extra Claims Fees: \$ 49

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